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Bib Data Sheet

CONFIRMATION NO. 4222

<b>SERIAL NUMBER</b> 10/007,158	<b>FILING DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> <del>424</del> 514	<b>GROUP ART UNIT</b> <del>1618</del> 1617	<b>ATTORNEY DOCKET NO.</b> A0000483-01-CA	
<b>APPLICANTS</b> Jane Brandman, Madison, NJ; Rochelle Hanley, Ann Arbor, MI;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/261,765 01/16/2001 AND CLAIMS BENEFIT OF 60/312,961 08/16/2001 <i>SH</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None SH</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/09/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Signature</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> Charles W. Ashbrook Warner-Lambert Company 2800 Plymouth Road Ann Arbor, MI 48105					
<b>TITLE</b> Method for preventing and treating skin aging					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 10/007,158	<b>FILING OR 371(c) DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> A0000483-01-CA
<b>APPLICANTS</b> Jane Brandman, Madison, NJ; Rochelle Hanley, Ann Arbor, MI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/261,765 01/16/2001 and claims benefit of 60/312,961 08/16/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/09/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12
		<b>INDEPENDENT CLAIMS</b> 10		
<b>ADDRESS</b> RAYMOND R. MANDRA, ESQ. FITZPATRICK, CELLA, HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112-3801				
<b>TITLE</b> Method for preventing and treating skin aging				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	